

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE
CIVIL RIGHTS ACT, 42 U.S.C. § 1983, WITH JURISDICTION
UNDER 28 U.S.C. § 1343

RECEIVED & FILED

2022 MAR 14 P 2:00

UNITED STATES DISTRICT COURT
DISTRICT OF MAINE

DEPUTY CLERK

Herbert M. Adams IV

[Enter above the full name of
the plaintiff in this action]

v.

Docket no.

Arreston County Correctional Facility
Sheriff's Dept. et al. med-pro medical

et al. Roland ob Field Katichin Valley Health Ctr.
nurse practitioner

[Enter above the full name of
the defendant(s) in this action]

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the
same facts involved in this action or otherwise relating to your
imprisonment? Yes ☒ No ☐ HMA

B. If your answer to "A" is yes, describe the lawsuit in the space below.
[If there is more than one lawsuit, describe the additional lawsuits on
another piece of paper, using the same outline]

1. Parties to this previous lawsuit

Plaintiff(s) Herbert M. Adams IV

Defendant(s) Arreston County Sheriff's Office, Gilman et al.
Jay Adams, State Probation Officer, med-pro et al.
Katichin Valley Health Ctr. et al.

2. Court [If federal court, name the district; if state court, name the county]

District of Maine/Bangor

3. Docket number

4. Name of judge whom case was assigned _____

5. Outcome [for example: It is still pending? Was it dismissed? Was it appealed] Still pending

6. Approximate date of filing lawsuit _____

7. Approximate date of outcome Covid 19, hospital holden courts
And Individuals Response

II. Place of present confinement Washington County Jail, 83 Court St. Machias, ME 04654

A. Is there a prisoner grievance procedure in this institution?
Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes ☒ No ☐

C. If your answer is "Yes"

1. What steps did you take? I have filed several grievance with the
Acquostock County Correctional Facility, Sheriff's Dept.
And the medical dept through the facility, as well as
D.O.C. In August

2. What was the result? Absolutely was that I questioned the Facility's
Response, Commander Craig Chase, Throwing legal mail into the
Garbage, Addressed to Individual inmates of myself from the courts
Such as 2nd to last, for more legal mail being pushed from one
court to another with different time stamps on the paperwork
When I haven't filed anything with the local courts.

III.

Parties ✓
[In item "A" below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.]

A. Name of Plaintiff Herbert M. Adams IV

Address 83 Court St. Machias, ME 04654.

[In item "B" below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item "C" for the names, positions, and places of employment of any additional defendants.]

B. Name of Defendant Nurse practitioner, Katahdin Valley Health Ctr, et al

Position Correctional Facility's nurse practitioner, et al

Address Bangor, ME (N.P. Robert Lomonias - et al)

① C. Additional Defendant(s) Ronald obfield - For medpro medical - et al

① (Arrested County Correctional Facility) now this is the list in short form

① 15 Broadway St. Arrested County Sheriff - Sharon Gilman - et al

① Houlton, me Jail Administrator - Craig Chassy - et al
See Attachment 3) D - Defendants

IV. Statement of Claim

[State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.]

Diagnostic Therapeutic Procedure - underscores negligence
completely negligence on prior medical negligence, of complete
fascial structure of hospital, complete negligence of medical
on Joints of Back/Knee medications, complete medical negligence
on occurring and Recurring migraines/neck pain Bottom Head of
Skull/neck, Jail officials mental/Physical Abuse. (Please see
Attachment IV, statement of claim.

V. Relief

[State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.]

Jury Trial, and (medical) damages, money damages

Idertbert m. adams IV
Signature of Plaintiff

Signed this 28 day of February, 2022

I declare under penalty of perjury that the foregoing is true and correct.

28, February 2022
Date

Idertbert m. adams IV
Signature of Plaintiff

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: February 23, 2022

Signature of Plaintiff

Printed Name of Plaintiff

Herbert M. Adams IV
Herbert M. Adams IV

B. For Attorneys

Date of signing: _____, 20__.

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Telephone Number

E-mail Address

